Pinnacle PEO CORPORATION

Accident Investigation Form

- Accident investigation assists you in reducing or preventing future occupational injuries and illnesses.
- This form requests all the information that DWC says you must record for each on-the-job injury, fatality, and occupational disease. Employers must keep injury records for five years after the last day of the year in which the injury occurred.

This is an **Injury** **Disease** **Fatality** **Near-miss**

TODAY'S DATE _____

DATE REPORTED _____

COMPANY _____

DEPARTMENT _____

SUPERVISOR _____

PHONE NO. _____

1. Name of Person Involved 2. Sex	3. Social Security Number	4. DOB 5. Date of Incident	
6. Home Address _____ _____ Phone ( ) _____	7. Time and day of Incident _____ a.m. _____ p.m. day of week_____	8. Specific Location of Incident Was it on employer's premises? Yes / No	
	9. Employee's Occupation	10. Job Task at Time of Incident	
13. Name of Address of Treating Physician _____ _____ Phone ( )_____	11. Length of Service _____ Years; _____ Months	12. Employee was Working ☐ Alone ☐ With Fellow Workers ☐ Other	
	14. Employment category ☐ Regular, full time ☐ Temporary ☐ Regular, part-time ☐ Non-employee ☐ Seasonal	15. Experience in Occupation at Time of Incident ☐ Less than 1 month ☐ 1 to 5 Months ☐ 6 months to 1 year ☐ 1 to less than 5 years ☐ 5 or more years	
16. Name and Address of Hospital _____ _____ Phone ( )_____	17. Phase of Employee's Workday at Time of Injury ☐ During break period ☐ During meal period ☐ Working overtime ☐ Entering or leaving the building ☐ Performing word duties ☐ Other(explain below)		
	18. Name of employee's immediate Supervisor at the time of incident! Witnessed ☐ Yes ☐ No		
19. Employee's Wage (pay per Hour)	Other Witnesses		
21. Voluntary benefits paid by the employer, if any	_____		

22. PART of BODY INFURIED or AFFECTED

☐ Skull, Scalp	☐ Jaw	☐ Abdomen	☐ Shoulder	☐ Wrist	☐ Knee	☐ Foot
☐ Eye	☐ Neck	☐ Back	☐ Upper Arm	☐ Hand	☐ Thigh	☐ Toe
☐ Nose	☐ Spine	☐ Pelvis	☐ Elbow	☐ Finger	☐ Lower Leg	☐ Ankle
☐ Mouth	☐ Chest	☐ Other Body Part	☐ Forearm	☐ Hip	☐ Other_____	

23. NATURE of INJURY or ILLINESS

☐ Puncture	☐ Bruise, Contusion	☐ Skin Disorder	☐ Amputation	☐ Muscle Sprain	☐ Cumulative Truman DIs.
☐ Laceration	☐ Dislocation	☐ Burn	☐ Insect/animal Bite	☐ Muscle Strain	☐ Irritation
☐ Fracture	☐ Abrasion	☐ Respiratory	☐ Foreign Body	☐ Hernia	☐ Infection
☐ Heat/Cold Stress	☐ Hearing loss	☐ Chemical Exp.	☐ Other _____		

24. DISPOSITION

☐ Days away from work #

☐ Restricted work days #

☐ Date returned to work #_____

Sent to: ☐ Doctor ☐ Hospital

25. DIAGNOSIS

_____

_____

_____

24. SERVERITY

☐ First Aid ☐ Medical Treatment

☐ Lost Work Days ☐ Fatality

☐ Other: Specify _____

27. WHAT CONDITION of TOOLS, EQUIPMENT , or WORK AREA CONTRIBUTED TO INCIDENT? Not Applicable

☐ Close Clearance/ Congestion	☐ Floors/ Work Surfaces	☐ Inadequate Housekeeping	☐ Defective Tools/ Equip./Veh.
☐ Hazardous Placement	☐ Inadequate Ventilation	☐ Equipment Failure	☐ Illumination
☐ Inadequate Warning System	☐ Equipment/Workstation Design	☐ Inadequate Guards/Barrier	☐ Inadequate/Improper P.P.E.

28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS? No Substandard Conditions

☐ Abuse or Misuse	☐ Inadequate Supervision	☐ Inadequate Purchasing	☐ Inadequate Engineering
☐ Inadequate Maintenance	☐ Inadequate Tools/ Equip. Mat.	☐ Improper Work Surfaces	☐ Wear and Tear
☐ Lack of Knowledge/ Training	☐ Improper Motivation	☐ Inadequate Capacity	☐ Lack of Skill

29. WHAT ACTION or INACTION CONTRIBUTED to the INCIDENT? No applicable

☐ Failure to Make Secure	☐ Under Influence	☐ Failure to Warn/Signal	☐ Inadequate/Improper P.P.E. Use
☐ Nullified Safety/Control Devices	☐ Used Defective Equipment	☐ Horseplay/Distractive Active	☐ Operating at Improper Speed
☐ Used Equipment Improperly	☐ Improper Lifting	☐ Operating Procedure Deviation	☐ Used Wrong Tool/Equipment
☐ Running/Rushing/Action in Haste	☐ Improper Loading	☐ Unauthorized Actions	
☐ Improper Technique	☐ Improper position	☐ Servicing/Operating Equipment	
☐ Other: _____			

30. PROBABLE RECURRENCE

☐ Frequent ☐ Occasional ☐ Rare

31. LOSS SEVERITY POTENTIAL

☐ Major ☐ Serious ☐ Minor

32. PERVENTIVE MEASURES; (What corrective actions have been taken or are planned to prevent a recurrence?)

☐ Improve Enforcement	☐ Improve Clean-up Procdures	☐ Repair/Replace Equipment	☐ Corrective Counseling
☐ Improve Storage/Arrangement	☐ Rotation of Employee	☐ Eliminate Congestion	☐ Improve/Change Work Method
☐ Identify/Improve P.P.E.	☐ Install/Revise Guards/Devices	☐ Task Analysis to be Completed	
☐ Task Analysis/Procedure Revision	☐ Improve Design/Construction	☐ Job Reassignment of Employees	
☐ Use Other Materials/Supplies	☐ Improve Illumination	☐ Mandatory Pre-Job Instructions	
☐ Improve Ventilation	☐ Reinstruction of Employees	☐ Other	

33. EMPLOYEE'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) **Comment Sheets**

_____
_____
_____

34. SUPERVISOR'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) **Comment Sheets**

_____
_____
_____

35. SPECIFIC CORRECTIVE ACTIONS or PREVENT MEASURES TAKEN

Corrective Action Taken	Person Responsible	Target Date	Date Completed
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Signature: _____ Date: _____